



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES

SCREENING DOCUMENT FOR ADULTS
(Pursuant to N.J.S.A. 30:4-27.1, et seq.)

I. Instructions

New Jersey Court Rule 4:74-7 (b) states in part that:

"All clinical and screening certificates shall be in the form prescribed by the Department of Human Services....the certification shall state with particularity the facts upon which the psychiatrist, physician or mental health screener relies in concluding that (1) the patient is mentally ill, (2) that mental illness causes the patient to be dangerous to self or others or property as defined by N.J.S.A. 30:4-27.2h and -2i, and (3) appropriate facilities or services are not otherwise available."

Chapter 4 of Title 30 of the New Jersey Statutes states in part that:

1. **"Screening"** means the process by which it is ascertained that the individual being considered for commitment meets the standards for mental illness and dangerousness as defined in P.L. 1987, c.116 (N.J.S.A. 30:4-27.1 et seq.) and that all less restrictive stabilization options have been ruled out or exhausted.
2. **"Certified Screener"** means an individual who has fulfilled the requirements set forth in N.J.A.C. 10:31-3.3 and has been certified by the Division as qualified to assess eligibility for involuntary commitment. (N.J.S.A. 30:4-27.2p).
3. **"Mental Illness"** means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality, but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or development disability unless it results in the severity of impairment described herein. (N.J.S.A. 30:4-27.2r).
4. **"Dangerous to self"** means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his or her need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his or her need for nourishment, essential medical care or

shelter if s/he is able to satisfy such needs with the supervision and assistance of others who are willing and available. (N.J.S.A. 30:4-27.2h)

5. **"Dangerous to others or property"** means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account the person's history, recent behavior and any recent act or threat. (N.J.S.A 30:4-27.2i)
6. **"In need of involuntary commitment"** means that the person is mentally ill, that the mental illness causes the person to be dangerous to self or dangerous to others or property and where s/he is unwilling to be admitted to a facility voluntarily for care, and who needs care at a short term facility, psychiatric facility or special psychiatric hospital because services are not appropriate or available to meet the person's mental health care needs. (N.J.S.A 30:4-27.2m)
7. **"Stabilization options"** means treatment modalities or means of support used to remediate a crisis and avoid hospitalization. They may include but are not limited to crisis intervention counseling, acute partial care, crisis housing, holding bed with medication monitoring or emergency stabilization regimes, voluntary admission to local inpatient unit, referral to other 24-hour treatment facilities, referral and linkage to other community resources, and use of natural support systems.
8. **"Consensual"** means the type of admission applicable to a person who has received a face-to-face assessment from a certified screener and screening psychiatrist at a designated screening center, who is determined to be dangerous to self, others or property by reason of mental illness, and who understands and agrees to be admitted to a STCF for stabilization and treatment. (N.J.A.C. 10:37G-1.2)

Use of the following document is restricted to the purpose of a certified screener documenting a person's eligibility for involuntary commitment or consensual hospitalization only.

II. Findings

This document is being prepared as a:

() **SCREENING DOCUMENT** (Pursuant to N.J.S.A. 30:4-27, et seq.)

() **CONSENSUAL ADMISSION DOCUMENT** (Pursuant to N.J.A.C. 10:37G-2.1)

Name of Client _____

Date of Birth _____ Sex ____M ____F

English language abilities:

A. Speaks English: ____Yes ____No

____Few Words ____Conversationally ____Fluent

B. If not English, what is the person's Native Language?

Native language abilities (circle for yes)

Speaks Reads Writes

C. Did you interview the person in English? Yes____No____

D. Describe the person's mental illness (refer to the definition in N.J.S.A. 30:4-27.2r.)

E. Is it likely that this disturbance is a result of simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability?

No____ Yes____ If yes, state cause_____
and provide reason for screening:

F. Check all that apply:

_____ Dangerous to self/suicidal

Describe the danger. Include history, threats, plans, intent, availability, and lethality of means, behavior and actions:

_____ Dangerous to self/not suicidal

Describe the danger. Include history, threats, actions, plans, which would make it probable that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future:

_____ Dangerous to others

Describe the danger. Include history, threats, actions, plans, intent, availability and lethality of means, behavior and intended victim(s):

_____ Dangerous to property

Describe the danger (s), (include history, threats, actions, plans, intent, availability of means, behavior and previous attempts):

- G. Identify interventions or services which have been attempted to stabilize the person and avert the need for involuntary or consensual admission. Check at least one column for each alternative.

<i>Type of intervention</i>	<i>Appropriate</i>	<i>Not Appropriate</i>	<i>Available</i>	<i>Not Available</i>
Existing Support System				
Referral & Linkage to Community Services				
Crisis Intervention Counseling				
Outpatient Services Medication Monitoring				
Acute Partial Care				
PACT				
ICMS				
Extended Crisis Evaluation Bed with Medication Monitoring				
Voluntary Admission to Non-STCF inpatient unit				
Crisis Housing				
Referral to other non-mental health 24 hour facility				
Other (describe): _____ _____ _____				

- H. If involuntary or consensual hospitalization is recommended, briefly explain why no less restrictive intervention/service was appropriate and available.

III. Certification

I am a NJ Certified Mental Health Screener and an employee of

_____. I have interviewed

_____ on this date and reviewed the available clinical records. It is my opinion that at this time the named person shows evidence of mental illness and is

_____ Dangerous to self

_____ Dangerous to others or property

(Fill out only one side below)

.....

SCREENING DOCUMENT

CONSENSUAL ADMISSION DOCUMENT

Signature of Screener

Signature of Screener

Screener Number

Screener Number

Date

Date

Time

Time

DMHS Form #SCR-1
Revised: 12-1-2002